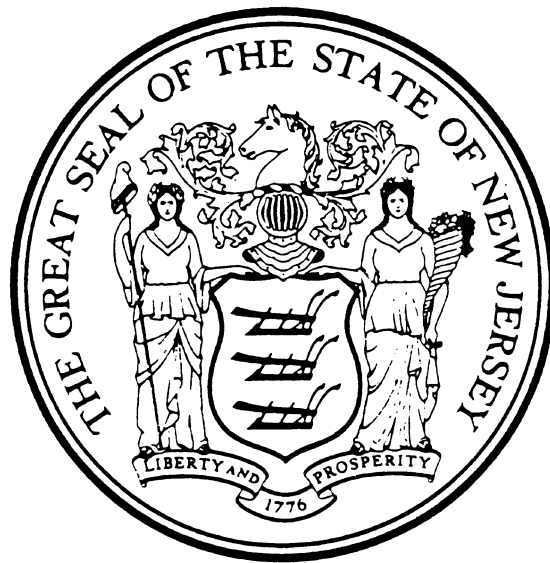


**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**



**CASINO HOTEL ALCOHOLIC BEVERAGE**  
**SOCIAL AFFAIR PERMIT APPLICATION**

**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**

**SOCIAL AFFAIR PERMITS**  
**FOR ALCOHOLIC BEVERAGES**

A Social Affair Permit, issued by the Division of Gaming Enforcement (Division), is required when certain groups or organizations sell or serve alcoholic beverages at functions or events for which fees are charged when these events are held on the premises of a Casino Hotel Alcoholic Beverage (CHAB) licensee. These groups or organizations must be civic, religious, educational, charitable, fraternal, social or recreational, and not for private gain. The fees charged for the event can include direct charges for drinks, ticket or admission fees, donations, special assessments, or a charge for food, entertainment or anything else.

The organization sponsoring the event is required to file an application for a Social Affair Permit which asks for general information about the sponsoring organization and also requests specific information about the event and the purchase and service of alcoholic beverages during the event. The application must be filed at least two weeks before the date of the event and the casino hotel alcoholic beverage licensee hosting the event is required to complete a certification and agreement that is to be included as part of the application. The fee for a Social Affair Permit is \$50 for each day of the event and is nonrefundable should the event be canceled.

A Social Affair Permit is granted with conditions that address the purchase, storage, handling, selling, and serving of alcoholic beverages at the event. In addition, the holder of a Social Affair Permit is required to file an inventory report within 10 days after the event. The inventory report requests information about the amount of alcoholic beverages purchased for the event, the amount remaining at the end of the event, and an explanation of the disposal of the excess alcoholic beverages.

Additional information about a Social Affair Permit can be found in the Social Affair Permit application form or by calling (609) 317-6218.

**STATE OF NEW JERSEY  
DIVISION OF GAMING ENFORCEMENT  
CITICENTER BUILDING, 4<sup>TH</sup> FLOOR/CHAB  
1300 ATLANTIC AVENUE  
ATLANTIC CITY, NJ 08401**

**APPLICATION  
SOCIAL AFFAIR PERMIT  
TO DISPENSE ALCOHOLIC BEVERAGES**

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**INSTRUCTIONS:**

1. A complete, original application must be filed with the Division at least two weeks prior to the scheduled event. Please note this includes a Certification that must be signed by a representative of the CHAB licensee hosting your event.
2. In accordance with *N.J.A.C. 13:69A-9.7(e)2*, the fee for a Social Affair Permit is \$50 per day. A check or money order for the appropriate amount, payable to the CASINO CONTROL FUND, must be included with the completed application. Pursuant to *N.J.A.C. 13:69A-9.19(b)*, this fee is nonrefundable should the event be canceled.
3. Send your application and fee to:

**Division of Gaming Enforcement  
CitiCenter Building, 4<sup>th</sup> Floor/CHAB  
1300 Atlantic Avenue  
Atlantic City, NJ 08401**

4. You will be required to file a notarized inventory report describing the amount of alcohol purchased for the event and the amount of alcohol remaining at the end of the event. This report must be filed with the Division within 10 days following the event. **FAILURE TO FILE THE INVENTORY REPORT WITHIN THE 10 DAYS MAY BE CAUSE FOR DENIAL OF ANY FUTURE APPLICATION FOR A SOCIAL AFFAIR PERMIT BY YOUR ORGANIZATION.** You should immediately advise the Division if the event is canceled to prevent any action from being taken for failure to file the inventory report.
5. If you have any questions about this form, please call (609) 317-6218.

**STATE OF NEW JERSEY  
DIVISION OF GAMING ENFORCEMENT  
CITICENTER BUILDING, 4<sup>TH</sup> FLOOR/CHAB  
1300 ATLANTIC AVENUE  
ATLANTIC CITY, NJ 08401**

**SOCIAL AFFAIR PERMIT**

1. Name, address and daytime phone number of the business or organization applying for the permit:

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Name

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Address (Number and Street)

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City

State

Zip Code

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Area Code

Number

Fax Number (if any)

2. Name, address, daytime phone number, and email address of the person who should be contacted regarding this permit:

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Name

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Address (Number and Street)

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City

State

Zip Code

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Area Code

Number

Fax Number (if any)

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E-Mail Address

3. Specify the type of organization (civic, religious, educational, fraternal, recreational, charitable, etc.):

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**Note:** If this is a nonprofit organization, please provide your federal/ state tax exemption number and/or a copy of your Certificate of Incorporation or other proof of nonprofit status.

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4. Date(s) and time(s) for which permit is required:

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**Note:** The Division is to be notified immediately if any changes are made to date(s) and time(s).

5. Provide the name of the CHAB licensee and the name of the room (i.e., Grand Ballroom) where the event will be held:

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Name of CHAB Licensee

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Name of Room

6. What kinds of alcoholic beverages will be dispensed: (Check all that apply):

☐ Wine ☐ Distilled Spirits ☐ Malt Alcoholic Beverages

7. Will the alcoholic beverages dispensed at the event be purchased exclusively from the CHAB licensee hosting the event?

Yes ☐ No ☐

If NO, indicate from where the alcoholic beverages will be purchased:

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Name

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Address (Number and Street)

---

City

State

Zip Code

8. Will any charges or fees be assessed?

Yes ☐ No ☐

If YES, how much is the charge or fee? \$\_\_\_\_\_

Specify how this charge or fee will be collected (Ticket, Entrance Fee, Donation, etc.):

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To whom and for what purpose will the proceeds of the affair be used?

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9. Attach a copy of the program or a program summary that will take place during the event.

10. Will there be persons under the legal age to consume alcoholic beverages attending the event?

Yes ☐

No ☐

If YES, what measures will be taken to ensure that they do not consume alcoholic beverages?

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**Note:** If additional space is needed, provide the information on a separate sheet of paper attached to this application.

11. Has your organization ever been issued a CHAB permit by the New Jersey Division of Gaming Enforcement or the New Jersey Casino Control Commission?

Yes ☐

No ☐

If YES, provide the following information about the most recent event:

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Type of permit issued

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Date of event

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Place of event

**SOCIAL AFFAIR PERMIT  
ACKNOWLEDGMENT OF EVENT SPONSOR**

The following conditions must be agreed to before a Social Affair Permit is issued:

1. The event is nondiscriminatory and is open to all the membership of the organization, or to all the public, as appropriate.
2. The permittee and the CHAB licensee shall be jointly and severally liable for any violations of all applicable alcoholic beverage laws and regulations during the event.
3. An inquiry is made to the Division of Alcoholic Beverage Control (ABC) to determine the necessity of any permit that may be required from the ABC. You may call them at (609) 984-2830. If an ABC permit is issued, a copy must be provided to the Division of Gaming Enforcement prior to the date of the event.
4. If the event for which this permit is requested is more than one day, arrangements must be made for the safekeeping and storage of all alcoholic beverages in an authorized and licensed storage area within the casino hotel facility.
5. The permittee shall not sample, sell, serve, or deliver, or allow, permit or suffer the sampling, sale, service, or delivery of any alcoholic beverage, directly or indirectly to, or for consumption by, any person under the legal age to consume alcoholic beverages, nor to any who is actually or apparently intoxicated.
6. Permission is given to the Division of Gaming Enforcement and its duly-authorized representatives, investigators and agents, to investigate the sale of alcoholic beverages at the event for which this application is made.

\_\_\_\_\_  
Signature/Title of Applicant Representative

\_\_\_\_\_  
Print Name of Signer

\_\_\_\_\_  
Date

**SOCIAL AFFAIR PERMIT  
CERTIFICATION AND AGREEMENT  
FROM SPONSORING CHAB LICENSEE**

I certify that not more than 25 special event permits have been authorized for these premises during this calendar year.

I further certify that I am the person in charge of the premises, or an agent for the owner of the facility, upon which the applicant will hold the event; that I am fully authorized to and do hereby certify that there are no objections to the sale and service of alcoholic beverages upon such premises at such event.

It is understood that as the Casino Hotel Alcoholic Beverage licensee, I will be jointly and severally liable, along with the permittee, for any violation(s) of applicable alcoholic beverage laws and regulations of the New Jersey Division of Alcoholic Beverage Control and/or the Division of Gaming Enforcement.

\_\_\_\_\_  
Signature/Title of CHAB Licensee Representative

\_\_\_\_\_  
Print Name of Signer

\_\_\_\_\_  
Date



**STATE OF NEW JERSEY  
DIVISION OF GAMING ENFORCEMENT  
CITICENTER BUILDING, 4<sup>TH</sup> FLOOR/CHAB  
1300 ATLANTIC AVENUE  
ATLANTIC CITY, NJ 08401**

**INVENTORY REPORT**

As the recipient of a Social Affair Permit that authorizes the purchase and service of alcoholic beverages, your organization is required to fully complete this inventory report within ten (10) days following the event.

Attach to the completed inventory report, a copy of any program describing the event, a copy of any ticket used for admittance to the event, and copies of invoices received for the purchase of alcoholic beverages.

**NOTE: FAILURE TO FILE THE INVENTORY REPORT AT THE ABOVE ADDRESS WITHIN TEN (10) DAYS FOLLOWING THE EVENT MAY BE CAUSE FOR DENIAL OF ANY FUTURE APPLICATION FOR A PERMIT BY YOUR ORGANIZATION.**

1. Permit number issued: \_\_\_\_\_

2. Name and address of organization granted the permit:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (Number and Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

3. Date of event: \_\_\_\_\_

4. Place of event: \_\_\_\_\_

5. Does your organization hold a liquor license?

Yes ☐

No ☐

\_\_\_\_\_  
Type of license

\_\_\_\_\_  
License number

6. Type of event for which the permit was issued: \_\_\_\_\_

7. Number of persons in attendance: \_\_\_\_\_

8. In the space below, list the specific quantities of each type of alcoholic beverages purchased for this event:

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Wines

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Distilled spirits/liquors

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Malt alcoholic beverages/beer

9. Date alcoholic beverages were purchased:\_\_\_\_\_

10. Name and address of wholesaler or retailer from which alcoholic beverages were purchased:

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Name

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Address (Number and Street)

---

City

State

Zip Code

11. List specific quantities of each type of alcoholic beverages on hand at the end of the event:

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Wines

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Distilled spirits/liquors

---

Malt alcoholic beverages/beer

12. Describe the disposition of any alcohol remaining at the end of the event:

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13. Attach a copy of any ticket and/or program used for the event.

If none, check here: ☐

\_\_\_\_\_  
Signature of Organization Official or Representative

\_\_\_\_\_  
Print Name of Signer

\_\_\_\_\_  
Date

**NOTARIZATION**

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*State*